

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2	1		1			
3	2		2			
4	2		2			
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	1		1			
19						
20	1		1			
21	1		1			
22	1		1			
23	1		1			
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46						
47						
48						
49						
50						
TOTAL IND.	4		3			
TOTAL DER.	2		2			
TOTAL CLAIMS	27		27			

IND.	DER.	IND.	DER.	IND.	DER.
51					
52					
53					
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96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DER.					
TOTAL CLAIMS					

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS